

of the rôle which general endometritis plays in the production of the various changes in the mucous membrane and the resulting symptoms which call for intra-uterine medication. Of the four methods, by injections, by the introduction of remedies in the solid form, by ointments, and by swabbing or painting the remedies over the interior of the uterus, he prefers the last. His testimony as to the relative value of the different solutions recommended, and as to the use of the curette, agrees with that expressed in the other papers.—*Boston Med. and Surg. Journal*.

BORO-GLYCERIDE IN SKIN DISEASES.—Says Chas. Roberts, F.R.C.S., *Brit. Med. Journal*, as I do not remember to have seen any recommendation of boro-glyceride in the treatment of skin diseases, and as I have recently stumbled upon it and found it a most useful remedy for psoriasis and other scaly forms, and especially in allaying the itching which accompanies many forms of skin affections, I venture to call the attention of the profession to its use. A small sample of the preparation sent by the manufacturers happened to reach me while I was treating a very chronic and irritable case of psoriasis with little benefit from the usual remedies, and this coincidence led me to the use of the boro-glyceride as a local remedy with very gratifying results, and I have since employed it with gratifying results in other cases. The action of the drug is certainly not due to the glycerine alone, as I had already tried that substance without permanent benefit. I believe that I was the first or one of the first, to call attention to the use of liquor carbonis detergens as a local remedy for chronic eczema, and I was led to employ it in the same casual manner. While engaged in making some comparative experiments many years ago at the York Hospital on antiseptics and disinfectants, a sample of the liquor carbonis was sent to me by the manufacturers, and I immediately extended its use to the treatment of eczema, and especially to the chronic eczematous ulcers of the legs common in the out-patient room of the provincial hospitals. Many patients object to the use of the liquor carbonis on account of its pungent tarry smell; but no objection of this kind can be advanced against the boro-glyceride, as it is free from scent. It has, however, the drawback of being sticky, like pure glycerine, while it has, on the other hand, the advantage over many other remedies, of not being poisonous.

TREATMENT OF GENERAL GRANT'S CASE.—Early in the disease, specific treatment was given in order to eliminate any possible error of diagnosis in that direction, although there were no clinical indications for specific treatment, and only negative results followed. Iodoform was used as a local application to the ulcers, and gargles com-

posed of salt and water, diluted carbolic acid, solutions of permanganate of potash and yeast. A four-per-cent solution of cocaine was occasionally applied to the painful parts with happy results, but it was never employed to any such excess as is generally believed by the public, nor were there any bad effects manifested from its administration at any time. Red clover was given quite constantly, but it produced no effect upon the local disease. It only acted as a laxative, and was continued as being the least harmful of medicines of this sort for continuous use. A small quantity of morphia daily was injected hypodermically. His food consisted of beef extracts, milk, eggs and farinaceous materials, always in liquid form. The appetite of the patient was consulted in determining the choice of food whenever any craving existed. In March an acute inflammatory process was engrafted upon the original disease, and an exudation was thrown out which partook largely of a diphtheritic nature. To this complication was due the great depression at this time. The accumulation of mucus causing the distressing, choking spells, was chiefly owing to this engrafted inflammation and exudation. Digitalis and coca were given as heart stimulants, but the weakened condition continued, and early on the morning of April 1st, heart failure seemed imminent. The members of the family expected that every moment would be his last, and the farewells were said. Finally hypodermic injections of brandy were administered, reviving the patient, and bridging him over a threatened collapse. One week after this the exudation became detached, and the patient rallied and became much better—not of the cancer, but of the complication. As we are painfully aware, the cancer pursued its destructive course until death occurred July 23rd, nine months only after its beginning.—*Med. World*.

THE BOY AND THE BONE-SETTER.—Speaking of bone-setters recalls a good story which occurred in the North of Scotland, where one of them had risen to great fame and no small fortune by his skill. A country lad residing a few miles off had got his leg hurt at one of the local factories, and had been treated for some time by the local medical man without any good result. His mother, who had great faith in the neighboring bone-setter, wanted the lad to go to him which he declined, preferring, as he said the "reg'lar faculty." Eventually, however, his mother's persuasions prevailed, and he agreed to allow himself to be taken to see Daniel R—, the bone-setter. A bed for the invalid was extemporized on a cart, and, accompanied by his anxious mother, he was, after a rather painful journey, taken to the town where the bone-setter resided. The leg was duly examined, and it was found necessary to haul it very severely in order, as the bone-setter said, "to get the bone in." The